

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gronny's Little Angels, LLC @ Peggy's Pumpkins Date: 8-4-22 Time: 9am

Location Address: 1006 Reservoir Ave Bridgeport Telephone #: 203-545-7822

e-mail address: Kmalesbyrd@yahoo.com License #: 70432 Expiration Date: 9-30-22

Capacity: 29 # of Children Present: 10 # of Staff Present: 3

Consent to Inspect Family Child Care Home	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up on supervision and ratio which were cited on 5-29-22, Ratio was also cited again on

Observations/Corrections needed: 7-26-22
ratio and supervision is in compliance at this inspection

Monitoring background checks
19a-79-4a(b) - 2 out of 3 staff working today do not have a background check and 1 out of 3 staff does not have a current background check

19a-79-3a(a) 2 out of 3 staff working today do not have a background check and 1 out of 3 staff does not have a current background check

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8-4-22 3pm

Signature: Cathy Cress
(OEC Representative)

Print Name: Cathy Anderson

Signature: Cordelia Scudder
(Person in Charge)

Print Name: Cordelia Scudder